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Bib Data Sheet

CONFIRMATION NO. 7497

SERIAL NUMBER 10/816,200	FILING DATE 03/31/2004 RULE	CLASS 359	GROUP ART UNIT 2872	ATTORNEY DOCKET NO. 00565-070001
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APPLICANTS

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** CONTINUING DATA ***** *None (over)*** FOREIGN APPLICATIONS ***** *None (over)*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 06/11/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 4	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>NET</i> Initials		

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TITLE

Microscope with retractable cord

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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